

WISCONSIN MODEL

INITIAL ASSESSMENT (PRIMARY CAREGIVERS) with ACTUARIAL RISK ASSESSMENT AND SAFETY ASSESSMENT

INSTRUCTIONS

May, 2003

TABLE OF CONTENTS

General Instructions	3
Specific Instructions	
Initial Assessment Narrative	9
Safety Assessment	16
Definitions of Impending Danger Threats	19
Risk Assessment	22
Risk Assessment Definitions	25

INITIAL ASSESSMENT (PRIMARY CAREGIVERS)
with
ACTUARIAL RISK ASSESSMENT
AND SAFETY ASSESSMENT

GENERAL INSTRUCTIONS

Purpose

The Initial Assessment for primary caregivers is formatted to document all of the information required by the Maltreatment by Parents standard of the *Child Protective Services Investigation Standards (Investigation Standards)* as well as the decisions required by the *Investigation Standards*. These decisions include identification of circumstances suggesting risk of maltreatment, as well as whether any child is unsafe, maltreatment occurred and there are immediate needs.

The information gathering that the *Investigation Standards* requires is critical to making the above decisions. The *Investigation Standards* requires that “thorough information be gathered on the following, at a minimum:

- Maltreatment and circumstances leading up to maltreatment
- The child’s general functioning (behavioral, emotional, intellectual and physical) and effects of any maltreatment
- The parents’ individual functioning (communication, coping, problem solving, life management, control of emotions, use of alcohol or other substances, mental health functioning, sociability/relationships with others, self-concept, etc.)
- The parents’ parenting practices (discipline, nurturing, understanding of child’s needs and capabilities, expectations of child, satisfaction with parenting role, etc.)
- The family’s functioning, strengths and current stresses (roles and boundaries, communication, decision making, relationships, integration into community, power distribution, presence/absence of domestic violence, organization and stability, demographics, etc.)”
[*Investigation Standards*, Standard for Maltreatment by Parents]

Documentation and decision making instruments for initial assessment in primary caregiver cases are comprised of three forms: the Initial Assessment Narrative, the Family Risk Assessment of Future Abuse and Neglect and Safety Assessment.

Together, the purposes of the forms are:

- To document information gathered during the initial assessment/investigation
- To assess the significance of information
- To analyze case information
- To document decisions and the basis for decisions

Applicability of the Initial Assessment

The Initial Assessment (Primary Caregivers) forms are used when responding to a report of alleged maltreatment by a parent, a person functioning in the parent role, a foster parent or another primary caregiver, as defined by the statutes and the *Investigation Standards*. It is also used when parental actions or family conditions contributed to the maltreatment of a child by someone outside the family.

Initial assessment documentation should be completed:

- at the time when sufficient information has been collected at initial assessment; and
- at any point in time during the life of the case where a new referral is received and the new information is significant enough to suggest a new initial assessment is required, i.e. when it is necessary for decision making to completely understand risk influences in the family and the family's environment. New allegations of maltreatment must be assessed in accordance with the Standards.

The forms should not be completed in front of the family.

These instruments when completed result in the identification and analysis of relevant family functioning, including safety threats and risk concerns as well as behaviors and conditions that mitigate risk or harm, a conclusion about the presence of maltreatment and a decision about whether to open the case for continuing CPS intervention.

Determining Who to Assess

All adults living full time or part time in the home and operating in the role of a parent should be assessed as a parent. Non-maltreating parents must be assessed as well as maltreating parents. What is being assessed in terms of risk and safety is a family household. The parenting practices and everyday functioning of absent parents (separated, divorced, etc.) should not be assessed, as they are not a part of the household. If the absent parent remains involved with the family, and impacts the occurrence of maltreatment (e.g. adding significant stress or, conversely, providing important support), this should be noted in the assessment.

All children in the home should be assessed, regardless of whether or not they were reported as maltreated. A child who has not been reported as maltreated may still be at risk of maltreatment or unsafe, requiring CPS intervention. Because of the dynamics of the conditions and behaviors in the home, some of the children may be at lesser risk of maltreatment than are their siblings, but knowing that is important to understanding the family system and developing appropriate interventions. In addition, maltreatment towards one person in a family affects everyone in the family and the effects on children who observe and live with violence or emotional abuse to family members in their home are well documented.

If there are children who reside on a part-time basis in the household where there is alleged maltreatment or are concerns of threatened maltreatment (e.g., a step sibling or half-sibling who resides in the home every other weekend), consideration should be given to assessing the risk of maltreatment to those children also. In addition, the presence of those children in the home is likely to

impact the dynamics in the family and may impact the risk of maltreatment, increasing or mitigating the risk. This information is important to understanding the family and may be important to developing effective protective or safety plans.

Throughout this document and consistent with the *CPS Investigation Standards*, the term “parent” refers to anyone operating in the role of a parent in the household.

Determining Which Household to Assess

Children are sometimes involved in more than one household. For example, when parents live apart, a child might spend time in the mother’s home and time in the father’s home. Safety assessment and risk assessment instruments are designed to assess potential for harm based on dynamics and conditions in a specific household. If the caseworker is conducting an initial assessment where a child is involved in two households, the initial assessment should be completed upon the home in which the child is judged to be at risk. For example, in a case with divorced parents or parents living apart, if a child lives with the mother and was abused during a weekend visit with the father and stepmother, the assessment is completed on the father’s home. If there are concerns about both homes, an initial assessment is completed on each home, creating two separate risk assessments, sets of risk ratings and safety evaluations. **DO NOT combine the two households to create one risk assessment and one safety assessment.** The behaviors and conditions contributing to risk, threats to safety, needs and strengths in separate homes will be different, and interventions in each home will necessarily be different.

Sufficiency and Relevance of Information

The *Investigation Standards* state that “thorough information must be gathered” in the areas detailed on page 3 above and that “the information gathered and documented must be specific to the family and family members and must describe both the problems and strengths of the family and family members in terms of behaviors, perceptions, conditions, beliefs, etc, pertinent to risk of maltreatment, safety and child well being.” [*Investigation Standards*, Standard for Maltreatment by Parents]

The information is to be gathered through interviews with and observations of family members and information from collateral persons and reports, if available. It is not expected that the worker will gather information with the depth, understanding and insight that might be found through the family engagement and assessment process, which is the first stage of the ongoing services case process. In addition to information about the alleged maltreatment, however, workers can and must interview family members with the specific intent to understand how family members and the family generally function on a day-to-day basis.

The *Investigation Standards* requires that the following information be documented, in addition to information about the maltreatment:

Children: behavioral, emotional, intellectual and physical functioning and effects of any maltreatment

Parents: communication, coping, problem solving, life management, control of emotions. use of alcohol or other substances, mental health functioning, sociability/relationships with others, self-concept, etc.; discipline and nurturing of children, understanding of child’s needs and capabilities, expectations of child, satisfaction with parenting role, etc.

Family: strengths and current stresses, roles and boundaries, communication, decision making, relationships, integration into community, power distribution, presence/absence of domestic violence, organization and stability, demographics, etc.

The above conditions, behaviors, perceptions, etc. are critical to assessing risk of maltreatment and safety. Depending on how they present in families, they may contribute to the risk of maltreatment or may provide a buffer against the risk of maltreatment. In assessing a family, the assessment of buffers that are operating or that can be reinforced is as important as the assessment of risks and threats. In all families, there are both buffers (protective capacities, positive support networks and other strengths) and risks present. Identifying both creates a more accurate description of the family. Identifying both is also critical to effective intervention, as reinforcing the buffering behavior reduces the risk of maltreatment.

The information needs to be relevant: i.e. related to the occurrence or risk of maltreatment or related to mitigating the occurrence or risk of maltreatment and maintaining a safe environment. Relevance also pertains to the meaning and significance of the information. “Mom is a young single mother of four children ages 2, 4, 5 and 7” is pertinent information, but what significance does it have in this family? Some young parents are knowledgeable and competent; others are immature in their judgment and impulse control and ignorant of children’s needs, resulting in the children being unsafe. Some single parents of multiple young children are overwhelmed, highly stressed and unable to respond to the needs of all of their children. Others are generally calm, patient and able to handle the demands of parenting. What is the significance of the information in the family that is being assessed? The worker is responsible for describing how behaviors, perceptions and conditions are related to the risk or mitigation (buffering) of maltreatment if the information documented can impact a family in different ways.

In the Specific Instructions that follow, a variety of different aspects of the identified dimensions of relevant functioning are discussed. It is not intended that the worker develop and document an in-depth understanding of each aspect discussed. Rather, they are presented to support the worker in understanding the scope of the areas to be assessed and guide the worker to consider those issues that contribute to or mitigate the occurrence of maltreatment.

Regarding sufficiency of information, phrases such as “Mom’s discipline is inappropriate and ineffective” are, if not further explained with specific examples, insufficient. The following demonstrates sufficient documentation of this concept: “Mom uses only corporal punishment (spanking, slapping the children’s hands, pinching, grabbing children by the arm and shaking them). She has no idea of other methods to impact the children’s behavior and never uses time outs, withdrawal of privileges, explaining, etc. She makes no differentiation based on the children’s ages or needs. Usually she ignores the children’s behavior, but when they are screaming, fighting noisily or making demands on her attention she yells, hits and is generally out of control. [see Maltreatment narrative] Although she recognizes that the children haven’t improved their behavior following these actions on her part, she doesn’t perceive any connection between her actions and how that might contribute to the children’s acting-out behavior. ‘That’s the way kids are and you have to keep after them.’”

If the worker is unable to gather sufficient information about the required areas of study described in the Investigation Standards, the reasons why the information is unavailable or unknown should be documented in the case narrative. The reasons for unknown information are:

- The client will not share information with the caseworker,
- The client avoids the caseworker, therefore making it impossible to gather the information,
- The client hides available information from the caseworker, AND
- It is not possible to gather sufficient reliable information from other family members

If information is unknown because the caseworker has not attempted to gather it, the caseworker must make additional contacts with clients and others to gather the information. In those instances in which information is limited in quantity, a judgment must still be made about the pertinence of that information through risk assessment and safety assessment. Although care must be given to not make unwarranted assumptions about families based on limited information, every reasonable attempt should be made to assess the meaning of available information so that accurate decisions can be made.

Cultural Sensitivity

Cultural sensitivity in information collecting and decision making is a crucial aspect of good casework practice. Assessment of family conditions and behaviors can be inaccurate if conducted without an understanding of the family's cultural traditions, practices, values and heritage. Some ideas for cultural sensitivity in assessment follow:

- Use an interviewing approach that is culturally appropriate and responsive and allows for accurate information gathering for decision making. In order to be accurate about assessing strengths, risks and safety threats, the caseworker needs to have a basic understanding of the cultural practices and traditions and must be able to learn from the family during the interviewing (assessing) process, adjusting the interviewing approach accordingly.
- Always consider the cultural context of the family when interacting, gathering information and analyzing and reaching decisions. A particular behavior may not have the same meaning in a culture that is different from your own. The context in which the behavior occurs must be understood in order to understand the meaning of the behavior and its impact on the children.
- When conducting an initial assessment, the caseworker is evaluating and analyzing family information in respect to its relationship to the presence or likelihood of maltreatment. Most cultural practices that vary from mainstream family and parenting behavior are not related to the presence or likelihood of maltreatment; they are just different from the majority. However, some cultural practices can have an influence with regard to maltreatment or the risk of maltreatment. Therefore, a behavior or condition that is identified as an established cultural practice should be evaluated in terms of its relationship to the risk of maltreatment or, conversely, the provision of a safe environment.
- Culture should be viewed broadly. Much of what is considered a cultural or traditional practice is often ascribed to a particular ethnic affiliation. However, culture also refers to a particular family's practices or a community's practices or may be derived from other affiliations, such as with a particular religion or geographical region, and should be considered when assessing a family.

This information is crucial to understanding what influences a family's functioning. It can inform the decision as to whether maltreatment is likely to occur as well as provide guidance in developing the most effective way to help a family keep their child safe.

SPECIFIC INSTRUCTIONS

Initial Assessment Narrative

PART I: CONTACT

Document all contacts made during the course of the initial assessment as indicated on the form/window. In addition, document the date and time that the first face-to-face contact with a family member was made.

PART II: NARRATIVE FIELDS

There are two narrative fields. One is for describing the maltreatment and the circumstances leading up to the maltreatment. The other narrative field is for describing all of the other information required by the *Investigation Standards*: the children's general functioning and effects of any maltreatment, the parents' individual functioning, the parents' parenting practices and the family's functioning, strengths and current stresses. Guidelines for describing this information follow.

Maltreatment & Circumstances of the Maltreatment

This narrative field describes the maltreatment that occurred, based on the caseworker's/agency's assessment of information gathered from the family, collaterals, and other professional evaluations (medical, law enforcement, etc.). This narrative provides the supporting documentation for case-finding determinations (substantiated, unsubstantiated, etc.). All types of maltreatment found to be present should be specifically described. Any maltreatment alleged in the intake report but not found to be present should also be described, with the reasons for that determination.

Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings. Injuries may be non-accidental and the result of impulsive, inappropriate or violent behavior on the part of the parent, but still not serious enough to meet the statutory definition of physical abuse. Therefore, a worker may document non-accidental injury in this section, but still determine that maltreatment is unsubstantiated later in the case record. Also, conditions present and documented here may be concerning, but may not rise to the level to "seriously endanger the physical health of the child", and therefore be unsubstantiated as maltreatment.

This narrative field provides the supporting documentation for case finding determinations (substantiated, unsubstantiated, etc.). It also provides documentation that supports a petition under sec.48.13. If a heightened level of detail is needed to support a petition, such as a transcription of an interview with a child, this information might be documented on an audiotape or videotape, in case notes or in a law enforcement report and cross-referenced here.

The circumstances accompanying or leading up to the maltreatment are also described in this narrative field. What was happening when the maltreatment occurred? What were immediate precursors to the maltreatment? Was the use of drugs or alcohol a contributing factor? Was the maltreatment incident an unusual circumstance or behavior, situation-related, or has it been occurring for a while? Has it

been escalating, or has the behavior or have the conditions stayed about the same or improved over time?

The parent's reaction after the maltreatment occurred should also be described here. Did he or she regret the maltreatment or did they justify the behavior? Were the maltreatment and its results intentional or premeditated? How did the parent interact with or respond to the child following the maltreatment? Does the parent accept responsibility? Was the maltreatment justified as a cultural or religious practice to which the parent adheres?

Environmental conditions that clearly and directly contribute to the maltreatment identified should be documented in this narrative field. For example, if a child is being left unsupervised because a parent must work, cannot afford child care and has no other resources to care for a child, it should be documented. Neglect cannot be substantiated if the lack of adequate food, shelter, care, etc. is truly due to poverty. Additionally, other stressful conditions that the caseworker assesses as having directly contributed to the occurrence or risk of maltreatment should be documented. Consider whether those conditions are beyond a parent's control, such as living in a dangerous, crime-ridden neighborhood because it is the only affordable housing available.

Child, Parent and Family Functioning

The information that describes child, parent and family functioning may be organized and documented in any way the agency wishes to meet its needs and to assure thoroughness and relevance. Relevant pertinent information to gather and assess will be described here in the order that it is referenced in the *Investigation Standards*.

- *The child's general functioning (behavioral, emotional, intellectual and physical) and effects of any maltreatment*

This is concerned with how the child acts and includes physical capacity as well as vulnerability. Vulnerability should be considered based not just on age, size, cognitive development and physical needs, but also emotional development and needs.

The emphasis is on general behaviors, emotions and temperament rather than the child's response to intervention. Specific areas of study include: capacity for attachment, general temperament, expressions of emotions/feelings, typical behaviors, presence and level of peer relationships, school performance and behaviors, known mental disorders (organic/inorganic), issues of independence/dependence, motor skills and physical capacity.

Effects of maltreatment on a child's functioning should also be described. This includes emotional and behavioral effects as well as physical effects. The link between the maltreatment and the child's functioning need not be verified by a physician or psychologist/psychiatrist in order to be documented, but the basis for the worker's conclusions in this area should be documented.

Some child functioning may be different than what one normally expects but can be understood as associated with a cultural norm, behavior or practice. If the culturally based functioning does not endanger the child or others, jeopardize development or cause the child to be generally rejected by others, it should be considered to be acceptable and appropriate.

- *The parents' individual functioning (communication, coping, problem solving, life management control of emotions, use of alcohol or other substances, mental health functioning, sociability/relationships with others, self-concept, etc.)*

This is concerned with how the adults in the family feel, think and act on a daily basis in respect to life events and life management. This includes any information concerned with substance abuse or mental health such as consideration of reality perception, coherence, rationality, self/emotional control, and any impairment that is associated with mental health or substance use; physical health, self-concept and esteem, self-care and self-preservation.

It also includes such areas as communication, coping, stress management, impulse control, problem solving, judgment, decision making, independence, money and home management, employment, education, social relationships, citizenship, community involvement and other basic life skills. Any criminal behavior in the community or home, including domestic violence, should be discussed here. Focus should be on how the parents are generally, rather than in relation to their response to intervention and reaction to the worker.

Some adult general functioning may be different than what one normally expects but can be understood as associated with a cultural norm, behavior or practice. If the culturally based functioning does not detract from the person's ability to function acceptably on a daily basis, it should be considered to be acceptable and appropriate.

- *The parents' childhood history*

Although the *Investigation Standards* does not require that information on the parents' childhood history be collected, the risk assessment instrument (see Family Risk Assessment of Future Abuse/Neglect) includes the parents' childhood history of maltreatment as a risk factor. Therefore, information must be gathered and documented in the narrative. The information documented must support the conclusion reached in the risk assessment instrument regarding this factor.

In gathering information on childhood history, you may want to consider the following. Is the adult from a stable, well-adjusted family or a product of an unstable/dysfunctional family? Is there evidence of life successes as a child or general life disappointment dating to childhood? Is there a history of behavioral/emotional dysfunction as a child/young adult? Was the adult's general childhood history nurturing and satisfying or unhappy and miserable? Are there indications that the adult is a product of an abusive or neglectful childhood or seriously deprived childhood? What is known about permanency and significant relationships in their history?

Perhaps most critical is a person's current perceptions of and adjustment to his or her childhood history. If there is a negative history, does the parent recognize this or deny it? Does the parent seem to be repeating the same negative behaviors of his/her own parents or do they see themselves as separate and able to behave differently? Are they "stuck" in this history or have they been able to come to terms with it and move on to build a positive life? Adult childhood history information provides crucial foundation information for ongoing CPS. Consider the individuals' cultural context as you describe adult childhood history.

- *The parents' parenting practices (discipline, nurturing, understanding of child's needs and capabilities, expectations of child, satisfaction with parenting role, etc.)*

Parenting practices should be assessed for each child in the family, not just for the child reported as maltreated.

“Discipline” includes more than punishment. It includes the parent’s manner of teaching a child how to behave and guiding his or her behavior as well as the actions a parent takes to teach the child self-discipline. The disciplinary methods should be described as well as a description of the typical context in which it occurs, i.e. when, how, where and for what reasons and purpose discipline might occur or usually occurs.

Which of the child’s behaviors do the parents tolerate and which do they not tolerate? Does the parent use a variety of disciplinary approaches, suited to the child’s age and needs? How consistent is the parent in the use of discipline? To what extent does the parent demonstrate self-control when disciplining? To what extent is the parent aware of and responsive to the child’s need for boundaries? What kinds of limits and boundaries are placed on the child? Does the parent avoid applying discipline? Does the parent view discipline as punishment only?

Do disciplinary practices represent a cultural practice and does this endanger or harm the child? Cultural practices must be assessed on the basis of their effects on the child. For instance, is the stated cultural practice destructive or harmful to the child; or does it represent a practice that is acceptable by virtue of having no harmful effect on the child?

Parenting practices also include the general nature and approach to parenting, their perception of their children, reasons for being a parent, feelings about being a parent, knowledge and general skill, basic care, nurturance, decision making about parenting, parenting style, history of parental behavior and expectations for the child.

Are expectations for the child appropriate for the child’s age, capacities and development? Do parents see parenting as a chore or as a positive part of their lives? How does the parent express affection for the child and under what circumstances? Does the parent consistently provide for the basic necessities for the child? How does the parent describe the child? To what extent does the parent meet the child’s need for social interaction? How “tuned in” to the child is the parent? Does the parent recognize cues from the child and respond appropriately?

The parent’s ability and willingness to parent based on their child’s needs rather than their own needs, to put their child’s needs ahead of their own, to have empathy for the child and act on that empathy, and to have sensitivity and understanding toward the child should also be assessed and documented.

It is not unusual for parents to divide some parenting responsibilities and share others. It is also not unusual for this to change at different life stages of a family, with one parent more effective with toddlers, for example, and the other more effective with adolescents. The fact that one parent does not perform all parental functions does not indicate that they are unable or unwilling to do so, and may indicate that they family is flexible in its roles in order to meet family needs. This should be discussed as part of the family’s functioning as a system (see below).

As noted above, cultural practices must be judged on the basis of their effects on the children.

- *The family's functioning, strengths and current stresses (roles and boundaries, communication, decision making, relationships, integration into community, power distribution, presence/absence of domestic violence, organization and stability, demographics, etc.)*

This area of assessment concerns itself with how the family unit operates. Major issues for study and understanding include: how the family is structured, the clarity of roles and boundaries, who is in charge, how family decisions are reached, the level and type of communication used, the presence and use of affection, marital issues, presence/absence of domestic violence and the general feelings/climate within the family and relationship to the community. Demographics are also considered here including family make-up, housing, and income in terms of its sufficiency to meet the family's needs.

Are family roles and boundaries clear and effective or blurred and ineffective? Are roles being vacated by adults or is there an inappropriate exchange of roles between children and adults? Is communication open and productive or closed/manipulative/used to intimidate? Is the home climate calm, inconsistent, indifferent, frustrating or destructive? Is there routine and order or chaos/disorganization?

Is the marital relationship satisfying and stable? Is there a sense of belonging to a family among all family members? How is power distributed among family members? How does the family respond to problems/crises? Is the family integrated into the community or isolated? How does the family manage the stresses associated with resources, employment, neighborhood, etc.?

The agency may also wish to document information about the family's formal and informal support network, as it can be a significant strength, mitigating risks to the child. The absence of a positive support network can also be a significant factor in why a family's problem-solving and stress management skills are compromised.

Safety Assessment

Instructions for safety assessment and safety planning are found starting on page 14.

Risk Assessment

Instructions for risk assessment are found starting on page 20.

PART III: DISPOSITION

NOTE: Before decisions can be made about the disposition of the case, both the safety assessment and risk assessment must be completed.

Case Findings

1. Complete the Case Findings section. This is found at the Allegations tab in WiSACWIS. Use your judgment, the assessment tools completed previously (Intake, Initial Assessment Narrative, Safety Evaluation and Family Risk Assessment) and relevant statutes, policies and Standards to assist you.
2. A finding must be made for each type of maltreatment alleged at intake.
3. If you identified a type of maltreatment (or abuse/neglect likely to occur) not alleged at intake during the initial assessment, enter a substantiation (or likely to occur) finding for that type of maltreatment in addition to a finding for each type of maltreatment alleged at intake.

Case Disposition

Case Disposition information is found on the Feedback tab in WiSACWIS. Check the appropriate box for whether the case is being closed or opened for agency services. Select the reason for closing or opening the case by checking the appropriate box (paper form) or selecting the correct reason from the list (WiSACWIS). [Note: If a child is determined to be unsafe, the case **must** be opened for ongoing agency services unless the family refuses and no legal grounds exist to petition Juvenile Court.]

PART IV: FEEDBACK

Mandated Reporter/Relative Reporter

Document feedback to the mandated reporter or relative reporter, if applicable, as indicated, including the date the feedback was sent to the reporter.

Closing Summary/Supervisor Comments

The Closing Summary is a documentation of the closing of the initial assessment process, not necessarily the closing of the case. The Closing Summary includes, at a minimum, the following information:

- Documentation of closure with the family, including discussion of the results of the investigation/assessment and the decision regarding ongoing service provision or referral if appropriate
- Documentation as to how the family is likely to respond to intervention, if the family is being referred or opened for services
- Documentation of actions taken to comply with the Indian Child Welfare Act and to coordinate service delivery with the tribal child welfare staff, if applicable

PART V: CORRESPONDENCE

Document notice sent to a person determined to be the maltreater, if applicable and as indicated.

PART VI: SIGNATURES

Caseworker and supervisor should sign and date the Initial Assessment and Safety Evaluation and Conclusion form. In WiSACWIS, signatures (approvals) and dates are handled electronically.

Safety Assessment

Definitions

“Safety” is the absence of conditions that are likely to result in severe harm to the child in the immediate future and the presence of one or more adults who routinely demonstrate protective capacities. A child is unsafe if there are threatening family conditions that are out-of-control, can be expected to occur immediately or in the very near future and are likely to result in severe consequences for the child.

A “safety assessment” is an assessment of either the present danger threats to a child, the impending danger threats to a child, or both. A temporary plan for controlling present danger threats is called a Protective Plan. A long-term plan for controlling impending danger threats is called the Safety Plan. The Safety Assessment format discussed below assesses the impending danger threats (21 threats) and is the first step in determining whether a Safety Plan is needed. For the rest of this document, the term “safety assessment” will apply to the assessment of the 21 impending danger threats.

Safety (Impending Danger) Threats

This is a family safety assessment. One form is done for the entire family. The purpose of the instrument is to determine if a safety plan is needed to keep any child in the family safe while the family is being assessed for their service needs. In families with more than one child, a safety threat may pertain to one child, but not another. For purposes of a family safety assessment, the only thing that matters is that a safety threat pertains to at least one of the children or one of the adults/caregivers in the household.

The Safety Assessment form lists all 21 impending danger safety threats, as required in the *Investigation Standards*, Maltreatment By Parent. The 21 factors are divided into two columns. The A column lists those threats that are independent, i.e. present alone in a family they indicate that a child is unsafe. The B column lists those threats that are dependent, i.e. if present in combination in a family (two or more) they indicate that a child is likely unsafe.

All safety factors must be assessed. Check Yes for each safety factor that is present in a family. There must be documentation in the Initial Assessment Narrative that provides the rationale to support each safety threat selected. For those safety threats that are not present in the family, “No” should be checked. The Initial Assessment Narrative must also support the judgments of safety threats checked “No”.

Safety Assessment Conclusion

Check whether one or more factors are identified in Section A and whether two or more factors are identified in Section B. (On WiSACWIS, the system will do this for you.) If one or more “A” safety threats are identified or two or more “B” safety threats are identified, the child is judged to be unsafe. (The WiSACWIS system will make this determination). If the child(ren) is unsafe, proceed to **Consideration of Family-Managed Safety Plan**. If the answer to both questions is “No”, (no “A” threats are identified and one or no “B” threats are identified), the child(ren) is judged to be safe, and the safety assessment is complete, pending supervisory approval.

Consideration of Family-Managed Safety Plan

1. Has the maltreating parent left the home?

Check whether the maltreating adult has left the home. Select Yes, No or NA, as appropriate. “NA” applies to families where there is only one adult in the home and that adult is the maltreater. If the maltreater has left the home, select whether this was voluntary or by court order.

2. Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

This section addresses whether a non-maltreating parent can and will protect the child. Select “Yes” (Can/Will Protect), “No” (Cannot/Will Not Protect), or Not Applicable (NA). If this is a single parent family without any other adult caretakers residing in the home and the parent is the maltreating parent, check NA.

- “**NO**” should be indicated when there is more than one adult in the household but the non-maltreating adult caretaker has been unable to demonstrate an ability to protect the child in the past. A non-maltreating parent may wish to protect and may even intend to protect, but may be unable to do so for a variety of reasons.

Some families where domestic violence is occurring are an example of this condition. Consider a domestic violence situation in which the mother is a victim, has attempted to leave the household on numerous occasions but has been unable to intervene on behalf of her children due to her own victimization and lack of resources. (For an example of a victim of domestic violence who can protect her children, see below.)

A non-maltreating adult may be unable to protect a child for reasons other than domestic violence. Consider the case where the grandmother and mother reside together and share responsibility for childcare. The mother is a drug addict who has been unsuccessful in following through with recommended treatment. The grandmother works 9 a.m. to 5 p.m. every day and one of the children is not in school. While the grandmother wants to be able to protect the child at all times, she is unable to do so due to her work schedule. **Unless there is clear demonstration of an adult's past capacity and commitment to protect a child, this item should be checked.**

- “**YES**” should be indicated when there are facts to suggest that the non-maltreating adult in the household will be able to specifically offset (control for) the specific safety threats which have been identified. For example, consider a mother who immediately self refers to the agency after discovering that her 7 year old daughter has been sexually abused by her live-in friend. The mother has asked her friend to leave, filed criminal charges against him, sought treatment for herself and her daughter, and can outline a plan of what she will do if her friend (who may get out of jail on bail) tries to get back together with her. The mother believes that the child has been abused and will make sure that her 7-year-old is never left in the home without another reliable adult's protection.

In the following example, a mother who is a victim of domestic violence demonstrates the capacity and commitment to protect her children. In the past when it appeared that an incident might erupt, the mother has instructed her children to either go to their rooms and hide in a safe place or to go to their neighbors – plans that they have worked out before. She has also taken the children to her

sister's house for the night when her husband has come home intoxicated and threatening. The actions taken by mom have removed the children from potentially dangerous situations in the past. Mom has developed protective strategies to keep the children safe.

This should not be checked based only on an adult's verbal promise or sincere intent to protect the child. The capacity to protect must also be demonstrated.

- “NA” should be indicated when there is only one adult caretaker in the family or all caretakers have maltreated the child.
- If “YES” is checked, the basis for your professional judgment that the non-maltreating parent will protect the child must be documented in the narrative field as described on the form/window. In order to conclude that another adult caretaker can/will protect, one must have facts to demonstrate that the protecting adult can protect the child, specifically in relation to the negative conditions and behaviors identified about this family.

If the non-maltreating adult will work in combination with other people to protect (e.g., a 17 year old in the home can carry out some responsibilities, and/or extended family members will help with some protective functions), include in the narrative field how that will happen and why it is known that it will happen. It is important to remember that this does not suggest that the non-maltreating adult does not accept ultimate responsibility for the protection of the children, merely that he/she will welcome the help of other appropriate people in a family-managed safety plan.

If either NO (Cannot/Will Not Protect) or Not Applicable is selected, proceed to the **Safety Analysis and Plan**.

Definitions of Impending Danger Safety Threats

Following are the definitions/explanations of the 21 impending danger safety threats. These are the definitions in *Investigation Standards*, Maltreatment By Parent.

Independent Safety Threats (A factors)

No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caretaking role. Duties and responsibilities should be considered at a basic level consistent with the safety criteria of immediacy, controllability, and severity/vulnerability as in food, clothing, shelter, and level of supervision.

One or both parents are violent.

This includes aggressive behavior or emotion.

One or both parents cannot control behavior.

This includes other than aggressive behavior or emotion. For instance, a seriously depressed person may not be able to control his emotion and behavior or a chemically dependent parent may be unable to control the effects of the dependency. This could, therefore, have an effect on the safety of the child.

Child is perceived in extremely negative terms by one or both of the parents.

The word “extremely” is meant to suggest a perception which is so negative, it would if present create a safety concern for the child. Examples include: a parent who sees their child as possessed by the devil, a parent who sees their child as acting in ways solely to cause the parent pain and suffering, a parent who perceives their child as being out to get them. In order for this condition to apply, these types of perceptions must be present and the perceptions must be inaccurate.

Family does not have resources to meet basic needs.

“Basic needs” means shelter, food, and clothing. This includes both the lack of such resources and the lack of capacity to use such resources if they were available.

One or both parents fear they will maltreat child and/or request placement.

In considering this item, apply the criteria of controllability, immediacy and severity/vulnerability.

One or both parents intend(ed) to hurt child and do not show remorse.

“Intended” suggests that before or during the time the child was mistreated, the parents’ conscious purpose was to hurt the child. This should be distinguished from an instance in which the parent meant to discipline or punish the child and the child was hurt.

One or both parents lack knowledge, skill, motivation in parenting which affects the child's safety.

The safety definition of immediacy, controllability and severity/vulnerability applies here. Parenting qualities of a basic nature apply. The judgment is based on parents' lacking basic knowledge or skill that prevents them from meeting the child's basic needs. The lack of motivation results in parents abdicating their role to meet basic needs or failing to adequately perform the parent role which would meet the child's basic needs. The inability/unwillingness to meet basic needs creates a safety concern for the child.

There is some indication parents will flee.

If the facts suggest that the family will hide the child by changing residence, leaving the jurisdiction, or refusing access to the child and the consequences for the child may be severe and immediate, this applies.

Child has exceptional needs which parents cannot/will not meet.

"Exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to parental) such as retardation, blindness, physical handicap, etc. The key here is that the parents will not/cannot meet the child's needs.

Living arrangements seriously endanger the physical health of child.

Refers to conditions in the home that may be life threatening or could seriously endanger the physical health of the child, as in the situation where people discharge firearms without regard to who might be harmed or where the lack of hygiene is so dramatic as to cause or potentially cause serious illness. To meet the safety definition, home conditions must be immediately threatening.

Parents' whereabouts are unknown.

The whereabouts of parents or adult caretakers of the child are unknown at the time when the initial assessment and safety evaluation are being completed and documented and this affects the safety of the child.

Dependent Safety Threats (B factors)

Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.

The key words here are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention, such as extreme emotional vulnerability and suicide prevention. Again, the safety definition applies in terms of immediacy, controllability, and severity/vulnerability. "Lack of behavioral control" describes the provocative child who stimulates reactions in others.

Child shows effects of maltreatment such as serious physical symptoms.

The key word here is “serious.” “Serious” suggests that the child’s condition has immediate implications for intervention, such as need for medical attention or extreme physical vulnerability.

One or both parents overtly reject intervention.

The parent or parents refuse to see the worker or let the worker see their child.

Both parents cannot/do not explain injuries or conditions.

Parents are unable or unwilling to provide an explanation regarding the maltreating conditions or injuries which is consistent with the facts.

Child is fearful of home situation.

“Home situation” includes specific family members and/or other conditions in the family such as the frequent presence of known drug users in the household.

Child is seen by either parent as responsible for the parents’ problems.

Child is blamed by the parents (adult caretakers) as causing their problems and this attitude will likely result in s a safety concern for the child.

Maltreating parent exhibits no remorse or guilt.

The maltreating parent demonstrates no evidence of remorse or guilt for his/her actions.

One or both parents have failed to benefit from previous professional help.

“Previous professional help” suggests that a record of the experience exists and is known. This applies to the parents’ adult lives and should relate to problems that are pertinent to risk and safety.

Child is aged 0 through 6 years or cannot protect self.

If the child is 0 through 6 this influence applies. If a child 7 years of age or older and information confirms the child cannot protect himself or herself (level of vulnerability) then this influence applies.

Risk Assessment

General Information

The risk assessment instrument is the Family Risk Assessment of Future Abuse/Neglect. It contains a scale for neglect and a scale for abuse because of the different family dynamics present in abuse and neglect situations. **Both scales must be completed on all cases.** The risk level is determined by scoring each assessment item of each scale, adding the item scores to arrive at a total neglect score and a total abuse score and taking the highest score from the abuse or neglect scale.

Only one household should be assessed on a risk assessment form. In some cases (for example, joint custody cases), there may be two households involved. The risk assessment should be completed based upon the home in which the child is judged to be at risk. For example, in a case with divorced parents or parents living part, if a child lives with the mother and was abused during a weekend visit with the father and stepmother, the risk assessment is completed on the father's home. If there are concerns about both homes, a risk assessment is completed on each home, creating two separate assessments of risk and two separate risk ratings.

Identifying the Primary and Secondary Caregivers

Many items refer to the primary or secondary caregiver of the children involved in the incident. The primary caregiver is simply the adult (typically the mother) living in the household who assumes the most responsibility for child care the majority of the time. When two adult caregivers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who was a maltreater should be selected. The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caregiver.

Note that the above definitions of primary and secondary caregivers are different than the definitions of Primary Caregivers, Secondary Caregivers and Non-Caregivers found in the *Child Protective Services Investigation Standards*. The above definitions are different because the terms have a different purpose than the terms when used in the *CPS Investigation Standards* to reference statutory definitions.

Scoring

There are nine questions on the neglect scale and eight questions on the abuse scale. All questions on both scales must be answered. Each question has two or three possible answers. A numerical value is assigned each answer, allowing the answers to create a score.

A score for each assessment item is derived from the worker's observation of the characteristics it describes. Some characteristics are very objective (such as prior CA/N history or the age of the caregiver). Others require the worker to use discretionary judgment based on his or her assessment of the family. Sources of information used to determine the worker's endorsement of an item may

include statements by the child, caretaker or collateral persons; worker observations; reports; or other reliable sources.

The worker should refer to the risk assessment definitions to determine the score for each item. These definitions are appended at the end of this section.

The score for each item is a type of conclusion. The rationale and basis for this conclusion must be clearly supported by documentation in the Initial Assessment Narrative.

After all scale items are scored, the worker totals the score for each scale. Using the risk level chart (near lower left corner), the worker identifies the corresponding risk level for the score on each scale. (In WiSACWIS, the system adds the scores and selects the risk level, based on how the worker scores each item.) The overall risk level is the higher of the two levels.

Discretionary Overrides

The risk level can be overridden. WiSACWIS allows the worker to override the risk level, either up or down. Agencies may wish to develop policies for overriding the risk level, e.g., certain case conditions will always result in a raising of the risk level; risk levels may only be adjusted up, not down; risk levels may only be adjusted down in specific defined circumstances, etc.

If a risk level is being overridden, the worker must check the Discretionary Override box. There is a narrative field for describing why the risk level is being overridden. The new risk level should then be entered in the appropriate box.

Family Service Level

WiSACWIS will calculate a family service level that can be used in case assignment for ongoing services. The Family Service Level indicates a general measure of case risk concerns and needs. A family service level may be low, moderate, high or intensive. A supervisor may use the level associated with the case in order to make judgments about assigning the case. For example, if the supervisor has an intensive level case to assign, he or she may review the current case assignments of all unit staff, the levels of each of those cases, and identify the worker with the lowest **workload**, i.e., fewest cases at the intensive or high level.

In order to use this feature of WiSACWIS, an additional instrument must be completed, the Family Strengths and Needs Assessment. This instrument is not required by the CPS *Investigation Standards* but must be used if the agency wants to use this workload management feature of WiSACWIS. The risk level for the Family Risk Assessment of Future Abuse and Neglect is combined with the needs level from the Family Strengths and Needs Assessment to create the family service level. Instructions for using the Family Strengths and Needs Assessment are not included here as that instrument is not part of the Wisconsin Model.

Some agencies will use the Family Service Level to determine the number of minimum case contacts per month. This is at agency discretion and should be determined by agency policy. It is not required in the *Ongoing Child Protective Service Standards and Practice Guidelines*.

The family service level is automatically re-calculated by WiSACWIS through completion of the Family Assessment (part of ongoing services) and through completion of each case progress evaluation during service provision.

FAMILY RISK ASSESSMENT DEFINITIONS

NEGLECT DEFINITIONS

- N1. Was Neglect Alleged or Substantiated in the Current Investigation?
Refers to the current investigation. If neglect was substantiated, circle **c**. If neglect was alleged in the referral but not substantiated upon investigation, circle **b**. If threat of neglect was alleged, substantiated, or unsubstantiated, circle **b**. If neglect was not alleged, circle **a**.
- N2. Prior Neglect History
This item is based on neglect history prior to the current investigation. Neglect must have been substantiated. Where possible, neglect history from other county or state jurisdictions should be checked. Do not count out-of-home (e.g., daycare) incidents involving a child in the family. Do not count findings of “likely to occur” as substantiated incidents.
- a. No prior substantiations of neglect
Families for whom no prior substantiated neglect history (as defined above) can be established should be coded as “No prior substantiations of neglect.”
 - b. Prior substantiated incident of neglect
Evidence that household members (adult or child) were involved in a prior substantiated neglect incident. This does not include prior findings of “likely to occur.”
- N3. Caregiver(s) Viewed **Current** Child Abuse/Neglect Incident at Least as Seriously as the Investigating Worker
If two caregivers are present, each should be assessed separately. The item is based on caregiver response to the worker's explanation of the current investigation finding. Points are assigned when there is a clear indication that the caregiver views any abuse or neglect that took place as seriously or more seriously than the worker's own assessment.
- N4. Current Age of Primary Caregiver
Age in years at the time of investigation (round down).
- N5. A Child was Inadequately Supervised by Either Caregiver
The supervision assessment is also based on the worker's judgment. Observations made during the investigation and/or the type of maltreatment observed should be weighed in the assessment. Supervision refers to caregiver oversight of normal child activity (appropriate to the child's age and development). One question to consider is whether the incident occurred because of supervision failure. The ability of caregivers to supervise children in the incident directly or to arrange for adequate supervision in their absence should both be assessed.
- N6. Primary Caregiver has an Alcohol or Drug Abuse Problem **that Contributed to the Incident**
The key considerations here are to establish both: 1) the presence of an alcohol or drug abuse problem evident at the time of the incident or during the period preceding it, and 2) evidence that the problem may contribute to abuse or neglect of a child. Conditions often associated with a substance abuse problem are described below. Linkage of alcohol abuse or drug abuse (or both) to child abuse or neglect may be based on credible statements by caregivers or others in addition to information disclosed during the investigation.

Substance abuse problem: includes some situational interference with functioning such as getting drunk/high by own definition twice a month or more with some disruption in functioning with children, family, work, socially, etc. Also includes serious disruption in functioning characterized by regular use and any one of the following: 1) has withdrawal symptoms if stops; 2) has physical symptoms of abuse -- memory lapses, blackouts, passing out; 3) serious dysfunction at work -- absenteeism, fired, fights with co-workers, supervisors; 4) serious problems with family -- becomes threatening, neglectful, abusive toward spouse, children, parents, etc; can't pay bills; drug/alcohol-related arrests; or 5) in-patient treatment for alcohol/drug abuse within last 12 months.

- N7. Primary Caregiver Motivated to Improve Parenting Skills
Caregiver needs to improve parenting and is motivated to do so. Motivation may be judged by caregiver response to a tentative service plan or an offer of agency assistance.
- N8. Number of Children Involved in the Child Abuse/Neglect Incident
The number of children in the incident for whom abuse/neglect was substantiated or alleged.
- N9. Age of Youngest Child in Household
Current age of the youngest child presently in the household where the maltreatment incident reportedly occurred (round down).

ABUSE DEFINITIONS

- A1. Was Abuse Alleged or Substantiated in the Current Investigation?
Refers to the current investigation. If abuse was alleged, substantiated, or unsubstantiated, circle **b**. If threat of abuse was alleged, substantiated, or unsubstantiated, circle **b**. Otherwise circle **a**.
- A2. Prior CA/N History
This item is based on CA/N history prior to the current investigation. CA/N history includes any known referral of the family or a child in the family for abuse or neglect regardless of investigation status or findings. Where possible, CA/N history from other county state jurisdictions should be checked. Do not count out-of-home (e.g., daycare) incidents involving a child in the family.
- a. No CA/N history
Families for whom no prior CA/N history (as defined above) can be established should be coded as "No CA/N history."
- b. Any prior child welfare CA/N referral
Credible evidence that members of the household were subjects of a prior child welfare referral, including CA/N.
- c. Prior substantiated abuse incident
Evidence that household members (adult or child) were involved in a prior substantiated abuse incident. Do not count prior findings of "likely to occur."

- A3. Does Caregiver(s) Use Excessive or Inappropriate Discipline
The item refers to caregiver disciplinary practices, particularly methods employed to punish children in the home. Both the circumstances of the current incident and past practices may be considered. One standard is whether caregiver disciplinary practices caused or threatened harm to a child because they were excessively harsh physically or emotionally and/or inappropriate given the child's age or development. Each caregiver should be assessed independently.
- A4. Does the Primary Caregiver have a History of Abuse or Neglect as a Child
Childhood history of abuse or neglect should be based on existing case service records, or credible statements by the caregiver(s) or others. Abuse includes physical and/or sexual abuse.
- A5. Primary Caregiver's Relationship Problems with Other Adults
The item requires an assessment of the primary caregiver's relationships with other adults who either live in the household or are frequently present in the household with children. The harmful impact of these relationships on domestic life, especially child care responsibilities, is the primary focus. Problematic relationships involving the caregiver's current or former spouse, boyfriend/girlfriend, or other family members or associates should be considered here.
- a. No serious problems evident - If the primary caregiver's relationships with other adults are generally positive or do not appear to present a serious problem in the household, score minus one. Instances where minor problems are apparent, but do not appear to affect child care, are included here.
 - b. Harmful relationships/limited adult relationships - Relationships between the primary caregiver and another adult who resides in or frequents the household which are disruptive or harmful to domestic functioning and child care. Primary caregiver has no significant relationships with other adults.
- A6. Domestic Violence in Household
Domestic disturbances generally, are characterized by conflicts that require intervention by police, family, or others. Physical domestic violence, a general lack of cooperation and support among adults living in the household, abusive drinking, or drug use may be associated with problems of this kind.
- A7. Caregiver(s) is Motivated to Improve Parenting Skills
This item should be scored zero if: 1) neither the primary nor secondary caregiver needs to improve parenting skills; or 2) at least one caregiver (either the primary or secondary caregiver) needs to improve parenting skills and is motivated to pursue the necessary steps. If neither the primary or secondary caregiver is motivated to work with the agency to improve parenting skills, score one. Caregiver ambivalence or mere acquiescence should not be construed as motivation. The assessment of motivation is based on worker judgment that may be made by observing caregiver response to a tentative service plan or other offers of agency assistance made during the investigation.
- A8. Age of Youngest Child in the Household
Current age of the youngest child presently in the household where the maltreatment incident reportedly occurred (round down).